

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Patent & Trademark Office
Commissioner of Patents
P.O. Box 450
Alexandria, VA 22312-1450

2: Article Number

(Transfer from service label)

70030500 0002 4164 1294

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent
 Addressee

B. Received by Mail Carrier

Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address:
 Yes
 No

RECEIVED

3. Service Type:

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED

NOV - 3 2003

TC 2800 MAIL ROOM

Sender: Please print your name, address, and ZIP+4 in this box.

Morris, Jr 38103
2412 Madison Street
Todd Murray

EXHIBIT

First-Class Mail Postage & Fees Paid
Postage Paid
Permit No. G-10



UNITED STATES POSTAL SERVICE